

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
<b>CLAIMS</b>											
	<del>AS FILED</del>		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
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149							99				
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TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

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							APPLICANT(S)						
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
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TOTAL DEP.								13					
TOTAL CLAIMS								22					